

COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #		REPORT # FHPC20OFF024651	DOCKET # 1832879
Person ID	311488402	SSN#	[REDACTED]
Charge Description	<input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance	Traffic Citation # (if any)	Court Case #
Charge	POSSESSION OF A CONTROLLED SUBSTANCE		20-02484-CF-1
Defendant's Name (Last, First, Middle)	ROFE, BETSY CLAIRE	DOB	04/06/1961
		Sex	F
		Race	W
		Ht	500
		Wt	135
		Hair	BLK
		Eyes	BLU
Alias	DL # R-100-063-61-626-0	State	Scars/Marks/Tattoos/Physical Features
Local Address (Street, City, State, Zip Code)	3810 EXECUTIVE DR PALM HARBOR FL 34685	Telephone	Place of Birth AL
			Citizenship USA
Permanent Address (Street, City, State, Zip Code)	3810 EXECUTIVE DR PALM HARBOR FL 34685	Telephone	Employed by / School
Weapon Seized Type	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Indication of Drug Influence	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK
		Indication of Mental Health Issues	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK
		Indication of Alcohol Influence	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK
Co-Defendant's Name (Last, First, Middle)		DOB	Sex
			Race
			In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)		DOB	Sex
			Race
			In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
<p>The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the <u>05</u> day of <u>MARCH</u>, 2020,</p> <p>at approximately <u>10:07</u> AM, at <u>36303 EAST LAKE RD</u>, in Pinellas County did:</p> <p>UNLAWFULLY HAVE IN HER ACTUAL OR CONSTRUCTIVE POSSESSION, A SUBSTANCE DEFINED BY FLORIDA STATE STATUTE CHAPTER 893, TO WIT: (DIAZEPAM), WITHOUT HAVING LAWFULLY OBTAINING SAID SUBSTANCE FROM A VALID PRACTITIONER. THE SUBSTANCE WEIGHED (7 PILLS).</p> <p>WHILE SEARCHING INCIDENT TO ARREST, 7 DIAZEPAM PILL WERE DISCOVERED IN WALLET. THE PILLS WERE NOT IN A PRESCRIPTION BOX OR CONTAINER. PILLS WERE PRE-PACKAGED BUT WERE NOT IN A VALID PRESCRIPTION BOX.</p> <p>Contrary to Florida Statute/Ordinance <u>893.13.6A</u>.</p> <p>ARREST DATE: <u>3/5/2020</u> Time <u>10:52 AM</u> . Aggravating/Mitigating Factors <u>SB</u></p> <p>Booking Officer: <u>FRENCH, K 57842</u> Amount of Bond <u>2000</u> Bond Out Date <u>03/05/20</u> Time <u>18:48</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.</p> <p>Victim Notified of Advisory? <input type="checkbox"/> Yes <input type="checkbox"/> No Injuries to Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Treatment to Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The Court reviewed this complaint and finds there: <input type="checkbox"/> is probable cause <input type="checkbox"/> is not probable cause to detain defendant <input type="checkbox"/> Bond Action, if any: _____</p> <p>The probable cause determination is passed for: <input type="checkbox"/> 24 Hrs <input type="checkbox"/> 24 Hrs on showing of extraordinary circumstances Received by Booking: 3/5/2020 5:45:57 PM</p>			
Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.		REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)	
_____ Declarant Signature		DATE OFFICER HOURS & PAY RATE OR COST	
_____ TROOPER KENNETH STONE 1472386		_____ 2020 MAR -6 PM 5:13	
_____ Printed Name		OTHER - Describe _____ Continuation sheet <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TOTAL \$ 0.00	
_____ FHP PINELLAS Agency		_____ COURT ASSISTANCE	
_____ Declarant ID#		_____ TOTAL \$ 0.00	

Defendant ROFE, BETSY CLAIRE

Court Case No: 20-02484-CF-1

ADVISORY AND SOLVENCY HEARING

The above named Defendant came before me for Advisory and Solvency hearing and was advised by me of the charge(s) against him; his right to remain silent; that any statements by him may be used against him; his right to counsel, and, if he is financially unable to afford counsel, that counsel forthwith will be appointed; of his right to communicate with his counsel, family or friends, and that reasonable implementation will be afforded him to contact the foregoing.

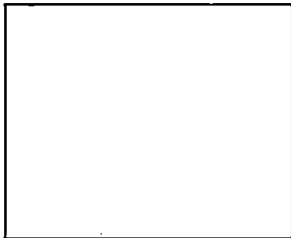
I FURTHER CERTIFY THAT:

- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D. The Defendant waived the right to counsel at the first appearance only.

DATE AND TIME

JUDGE

- I hereby waive the right to counsel at the first appearance only.
- I, having been found solvent and financially able to secure counsel, hereby waive counsel until my attorney files an appearance in this case or until I file a written request for a review of my solvency and ability to secure counsel.



Thumb Print

DEFENDANT'S SIGNATURE

I HEREBY acknowledge receipt of a copy of the foregoing Complaint and Advisory.

DEFENDANT'S SIGNATURE

DEFENDANT'S ATTORNEY'S SIGNATURE

DATE